

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39899**

FILED JAN 2 1950

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1444**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graham - rural 0740	
c. LENGTH OF STAY (in this place) 7 days		d. STREET ADDRESS (If rural, give location) 4 1/2 miles NE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HENRY c. (Last) SMOCK		4. DATE OF DEATH (Month) (Day) (Year) 12 15 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/28/77
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account	
11. BIRTHPLACE (State or foreign country) Holt Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Smock		13b. MOTHER'S MAIDEN NAME Lydia Sumner		14. NAME OF HUSBAND OR WIFE Bertha Mast Smock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. H. Smock, Graham, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcer of stomach with perforation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5700 ?	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12/8/50** to **Dec. 15, 1950**, that I last saw the deceased alive on **12/15/50**, 19**50**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Price (Degree or title) M. D.		23b. ADDRESS St. Joseph, Missouri		23c. DATE SIGNED 12-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/18/50		24c. NAME OF CEMETERY OR CREMATORY Groves	
24d. LOCATION (City, town, or county) (State) Graham, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			
DATE REC'D BY LOCAL REG. Dec. 28, 1950		REGISTRAR'S SIGNATURE Carl C. Cash			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.